

HAMILTON, BROOK, SMITH &amp; REYNOLDS, P.C.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT AND  
CORRESPONDENCE ADDRESS**

<i>Application Number</i>	10/084,832
<i>Filing Date</i>	February 27, 2002
<i>First Named Inventor</i>	Mustapha Abdelouahed
<i>Group Art Unit</i>	1642
<i>Examiner Name</i>	Not assigned
<i>Attorney Docket Number</i>	1440.1038-003

**Title** Diagnostic Assay for Type 2 Heparin-Induced Thrombocytopenia

I/We hereby appoint

- the attorneys/agents associated with Customer No. 021005  
 Practitioner(s) named below:

as my/our attorneys/agents to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

The correspondence address for the above-identified application is:

- Customer Number 021005  
Hamilton, Brook, Smith & Reynolds, P.C.  
530 Virginia Road  
P.O. Box 9133  
Concord, Massachusetts 01742-9133  
 Other \_\_\_\_\_

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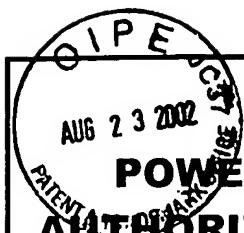
Name Doreen M. Hogle, Esq. Tel. No. 978-341-0036 Fax No. 978-341-0136

I am the:

- Applicant/Inventor.  
 Authorized representative of the Assignee of the entire interest. See 37 C.F.R. 3.71. A Statement under 37 C.F.R. §3.73(b) is enclosed.  
 Authorized representative of an assignee together with [ ] of the entire interest. A separate Statement under 37 C.F.R. § 3.73(b) is enclosed.

**SIGNATURE of Applicant or Assignee of Record**Name John W. LawlerSignature John W. LawlerDate 10/6/02 Total of 2 forms are submitted.

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- 

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Name Doreen M. Hogle, Esq. Tel. No. 978-341-0036 Fax No. 978-341-0136

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**SIGNATURE of Applicant or Assignee of Record**

Name	Mustapha Abdelouahed
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Signature	<u>M. Abdelouahed</u>
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Date	August 05/2002
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[X] Total of 2 forms are submitted.
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O I P E JC 37 30  
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PATENT & TRADEMARK OFFICE  
Applicants: Mustpha Abdelouahed and John W. Lawler  
Application No.: 10/084,832 Group: 1642  
Filed: February 27, 2002 Examiner: Not assigned  
For: Diagnostic Assay for Type 2 Heparin-Induced Thrombocytopenia

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202	
Date	on <u>8/19/02</u> <u>K. Bastarache</u> Signature
Kathleen M. Bastarache Typed or printed name of person signing certificate	

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TRANSMITTAL OF POWER OF ATTORNEY BY ASSIGNEE

Assistant Commissioner for Patents  
P.O. Box 2327  
Arlington, VA 22202

Sir:

Transmitted herewith is a Power of Attorney by Assignee for filing in the above-captioned patent application.

Acceptance of the Power of Attorney is respectfully requested.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Carol A. Egner  
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Date: August 19, 2002